

## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: NONE

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: NO

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PAPER FEEDING DEVICE FOR DOT  
PRINTERS FOR EXAMPLE INK JET  
PHOTOGRAPHIC PRINTERS

Attorney Docket Number:: 000280.00048

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

**Applicant Information**

Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	IT
Status::	Full Capacity
Given Name::	Claudio
Middle Name::	
Family Name::	VERNETTI
City of Residence::	Ivrea
State or Province of Residence::	
Country of Residence::	IT
Street of mailing address::	c/o Olivetti Tecnost S.p.A. Via G. Jervis, 77
City of mailing address::	Ivrea
State or Province of mailing address::	
Country of mailing address::	IT
Postal or Zip Code of mailing address::	I-10015
Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	IT
Status::	Full Capacity
Given Name::	Riccardo
Middle Name::	
Family Name::	NICOLARI
Name Suffix::	
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State or Province of Residence::	
Country of Residence::	IT
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City of mailing address::	Ivrea
State or Province of mailing address::	
Country of mailing address::	IT
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Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: IT  
Status:: Full Capacity  
Given Name:: Fabio  
Middle Name::  
Family Name:: DONDI  
Name Suffix::  
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State or Province of Residence::  
Country of Residence:: IT  
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State or Province of mailing address::  
Country of mailing address:: IT  
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Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: IT  
Status:: Full Capacity  
Given Name:: Mauro  
Middle Name::  
Family Name:: MONDINO  
Name Suffix::  
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State or Province of Residence::  
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Applicant Authority Type::	<b>Inventor</b>
Primary Citizenship Country::	IT
Status::	Full Capacity
Given Name::	Mario
Middle Name::	
Family Name::	MANZONE
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State or Province of Residence::	
Country of Residence::	IT
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Country of mailing address::	IT
Postal or Zip Code of mailing address:	I-10015

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IT03/00215	08 April 2003

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
ITALY	TO 2002 A 000304	08 April 2002	YES

### Assignee Information

Assignee name:: OLIVETTI TECNOST S.p.A  
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City of mailing address:: Ivrea  
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